Scheduling Information Sheet

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NEED: Pre-Op Orders, SX Consent, H&P, Office notes, Medical

Clearance



						☐ Transportation
Surgeon:						
Co-Surgeon:			_ Assisting: _			
Scheduling Officer:						
Date of Procedure:	- Spirania		Length:			Manuel Control (1975)
Procedure:						
Height:		Weight:			_ Gender	r:
CPT Codes:						
ICD 10:		on the state of th				1.
Special Needs:	Diabetic	Aspirin	Coumadin	Other:		
Special Equipment:						
Clearance Appt. Date						
CBC UA _	CMP_	PT, P7	TT	CXR	EKG _	H&P
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Patient Name:						
Address:						
City:		St:		Zip Code:		
Home Phone:		_ Cell Pl	hone:		22224 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Work Phone:		_ DOB:			_SSN:	
Patient Name (if min						or next state tips and the late and the late and the late and the late and
Primary Insurance:						
		_ Group Number:				
Secondary Insurance:			Phone:			
ID Number:						
Auto/Workers Comp	:		Phone:			
Adjuster:						
Claim/ Case #:						
Claim Address:						
Atty Office:		A CANADA CARA CARA CARA CARA CARA CARA CARA C	Phone:			
Address:	- Allen III		Contact Pe	erson:		
Accident Date:			_			